

ANNUAL REPORT
FOR THE PERIOD OCTOBER 1, - SEPTEMBER 30,
INSTRUCTIONS

GENERAL

If you want to provide commentary on any question or require more space to answer any question, attach a continuation sheet and provide your carefully labeled expanded answers on that sheet.

PART I
GENERAL INFORMATION

The Report must be signed by the agency head or by a senior official with policy and decision-making authority for the Drug-Free Federal Workplace Program; e.g., an Assistant Secretary, Deputy to the agency head, Director of a sub-cabinet level agency, or other.

PART II
STATUS OF PLAN IMPLEMENTATION

If your agency indicates a response of "1" or "2", no further responses are required. Indicate "4. Other" as the status of implementation only if your plan has never been certified.

Indicate "Yes" and skip to question 3a only if all non-testing components are fully implemented, there are no missing testing prerequisites and there are no holds or restrictions on any types of testing.

If a type of testing was on hold or restricted during the reporting period because of a court order enjoining such testing, indicate "Y" under the appropriate sub-column ("**partial**" or "**full**") in the "Enjoined" section. If the hold or restriction is due to labor negotiations or collective bargaining, indicate "Y" under the appropriate sub-column ("**partial**" or "**full**") in the "Labor" section. If all aspects of testing are on hold or restricted with regard to all employees, place a "Y" under the sub-column labeled "full". If the hold or restrictions does not apply to all employees or all aspects of testing, place "Y" under "**partial**". If a type of testing was on hold or restricted for reasons other than being enjoined or in labor negotiations, describe the reason under the "Other reasons not implemented" column.

PART III OPERATIONS PROFILE

SECTION 1.c.

The number of TDPs should be less than or equal to the total number of sensitive positions (1b).

SECTION 3.a.

If your agency does not specify the number of times per year random samples will be taken, leave this field blank.

SECTION 5.

Please provide exact figures where available or the best estimates using the information resources available to your agency.

How many sensitive positions as defined by section 7(d) of E.O. 12564 are in your agency? Report the number of sensitive positions in each category. Note that Part III, question 5.1 deals with E.O. 10450, which is only one category under E.O. 12564.

Note that positions that fall into more than one category are to be counted in all categories that apply. Because of this, the sum of all categories in this question may add to more than 100% of your total sensitive positions (1b).

Remember that Part III, question 1.b is your total number of sensitive positions, therefore the number of sensitive positions for any one category of Part III, question 5 can not exceed the number given in Part III, 1.b. Similarly, the total number of TDPs for any one category of Part III, question 5 can not exceed the number given in Part III, 1.c.

SECTION 9. GENERAL

If another agency directly performs services, indicate the agency on line 1b "Contract with a Public agency". If services are provided through another agency's contract(s), indicate the agency on line 2 "Riding another agency".

SECTIONS 10-12.

The percent of employees, 12.a, and the percent of supervisors, 12.b, must be equal to or greater than the percents indicated in 10.b.2 and 11.b.2 respectively.

PART IV COST AND PRICING PROFILE

SECTION 1.a.

For purposes of this question "**No Ceiling**" means that there is a fixed fee, without regard for the number of specimens; i.e., a flat fee is charged for initial and confirmation tests for an unlimited number of specimens. "**With Ceiling**" means that after a certain number of specimens, the fee will change.

SECTION 4. GENERAL

EXTRAORDINARY LOCATIONS. These questions are intended to identify situations unique to some agencies that result in additional or higher collection costs. The term has been used here to denote those locations/situations where the agency must make special arrangements and/or incurs additional costs to collect a sample. Since one location may be extraordinary for one agency, but not for another, the question asks for a description of any location an agency identified as an extraordinary site. Examples of possible extraordinary locations: ships at sea; work sites in foreign countries.

SECTION 5. GENERAL

If another agency provides services, indicate actual costs or estimates. Report costs for services only once in this section. For example, (1) if the costs of confirmation tests are based on a flat fee per specimen tested, enter the cost information on that row (5.d) only and leave items 5e-f blank or (2) if the costs of MRO services are based on review of positives only, enter the cost information on that row (5.j) only and leave items 5h-i blank. If services are provided in-

house, give actual costs where available. If not, provide best estimates of those costs. If services are provided through another agency or another agency's contract (riding another agency), please provide the cost information pertinent to your agency. Optional services or products that are priced separately from the basic contracted service or which are purchased separately are to be entered in the other direct cost line item (5k).

The following are suggestions that may provide guidance to agencies in estimating total service costs when only partial cost data is available (applicable only where the unit of cost is on a person, specimen, or test basis):

Specimen collection: If the unit of cost is per person tested or per specimen, use the number of persons tested as indicated in Part V Total Tested **plus** the number of blind quality controls indicated in Part III.7a.

Laboratory tests: The suggested method is similar to the one used for specimen collection. If responding on lines b-d, use the number of persons tested as indicated in Part V Total Tested **plus** the number of blind quality controls indicated in Part III.7a. If responding on line e, determine the number of persons testing negative from Part V and **add** the number of negative QCs indicated in Part III.7b. If responding on line f, determine the number of confirmed positives from Part V and **add** the number of confirmed positives from Part V and **add** the number of positive QCs indicated in Part III.7b.

MRO: The suggested method is similar to the two suggested above. If responding on line h, use the number of persons tested as indicated in Part V **plus** the number of blind quality controls indicated in Part III.7a. If responding on line i, determine the number of persons testing negative from Part V and **add** the number of negative QCs indicated in Part III.7b. If responding on line j, determine the number of confirmed positives from Part V and **add** the number of positive QCs indicated in Part III.7b.

UNIT OF COSTS refers to the measure used in setting the pricing terms of the contract; for example, per hour, annual fee, test, or per specimen. For purposes of the Semi-Annual Report, the "unit of costs" column is shaded where we anticipate there is no appropriate answer; for example, it is shaded in the "administrative costs" row.

SECTIONS 5.k and 5.l General

Before providing a response to these two cost items (other direct testing costs and administrative costs), please fill out fully and accurately the Other Direct Testing Costs Worksheet (item 5k) and the Administrative Costs worksheet (item 5l).

SECTION 5.k WORKSHEET

OTHER DIRECT COSTS means any miscellaneous costs directly associated with the drug **testing** component of the program which have not otherwise been reported in chart items a-j or are priced separately under a contract.

SECTION 5.l WORKSHEET

ADMINISTRATIVE COSTS means those costs associated with running the drug-free workplace program, but not including EAP and counseling related costs. Examples of administrative costs include: staff salaries and benefits; staff education and training costs; staff travel costs; legal costs; printing materials used to inform employees about the drug-free workplace program; printing chain of custody forms; and mailing of test results.

The worksheet data for administrative costs must include total administrative costs (Column 1) for the drug-free workplace program. The second column is to be used to provide the actual or best estimate of the percent that the drug testing portion is of the total administrative costs (Column 1). The third column reflects the drug testing component cost which is derived by multiplying Column 1 by Column 2.

PART V TESTING RESULTS

GENERAL

Testing results are to be reported by number of **persons**. Note, that if a person is tested more than once, each time that person undergoes random testing should be counted. Similarly, if any person tests positive for more than one drug, the person should be counted for each specific drug confirmation. Therefore, it is possible that the "**total verified positive**" row (which counts persons) may not equal the total positives below when summing positives by type of drug. Also note that: (1) the row "**verified positive for**" has been shaded to indicate that no response is required; (2) the applicant testing column "**Reported as combined**" is to be used only when the results for inside and outside applicant testing are not reported separately; and (3) the "**TOTAL**" column must reflect the sum of all the other columns and similarly, the "**Total verified positive**" row must equal or be less than the sum of all the rows beneath it.

PART VI FOLLOWUP ACTIONS

GENERAL

This section captures followup actions for employees whose urinalysis was confirmed positive or followup actions for any reason(s) indicated under question 2. There may be more than one followup action per employee. Each one is to be recorded. For example, an individual may be referred to the EAP, and permanently reassigned. Each of these actions should be added to the number of employees in the respective "follow-up action" category.

SECTION 2. "Refusal to cooperate with EAP" means that an employee has forthrightly refused to go to the EAP or has not successfully accepted a referral to the EAP as evidenced by participation in the EAP. "Failure to successfully complete EAP" means that the employee has met with, entered counseling with, accepted a referral from, or otherwise evidenced participation in the EAP but in the judgement of the EAP has failed to achieve the goals of EAP participation. Most commonly the employee simply stops attending or participating.

**FEDERAL DRUG-FREE WORKPLACE PROGRAMS
ANNUAL REPORT FOR THE PERIOD
October 1, 1996 - September 30, 1997**

REPORT DUE March 14, 1998

Return signed and completed form to:

Joseph H. Autry III, M.D.

Director, Division of Workplace Programs

SAMHSA

5600 Fishers Lane, Rm 13-A-54
Rockville, MD 20857

SAMHSA/DWP FAX (301) 443-3031
Direct phone inquiries to:
Bette Matthews or Ron Armstrong
(301) 443-6780

Part I. General Information

PRIMARY LIAISON		PRIMARY AGENCY MISSION (Select one)	
Name _____		Law enforcement/drug interdiction	
Title _____		National security/defense	
Agency _____		Public health or safety	
Address _____		Other _____	
City: _____	State: _____	Zip: _____	
Telephone () _____	-	FAX () _____	-
Report prepared by: _____			
Telephone () _____	-	FAX () _____	-
Date Prepared _____	/ /		

Signature of Agency Head or Senior Policy Official

Official Title

CONTROL INFORMATION - FOR SAMHSA USE ONLY
AGENCY-ID _____

DATE RECEIVED _____ / /98 INITIALS _____

DATE ENTERED _____ / /98 INITIALS _____

Date Plan Certified _____ / /

AGENCY _____ ANNUAL REPORT: October 1, _____ - September 30, _____

Part II Status of Plan Implementation

1.a. Indicate the statement which best describes the status of your plan certification during this reporting period.

- ☐ 1. Plan has not been submitted to HHS for approval (attach explanatory note) {Survey completed}
☐ 2. Plan has been submitted to HHS and reviews are in progress {Survey completed}
☐ 3. Plan has been certified or agency is a Tier II (certification not required)
☐ 4. Other (Please attach description)

b. Indicate the types of testing included in your plan (check all that apply):

- ☐ 1. Reasonable suspicion ☐ 2. Accident or unsafe practice ☐ 3. Random selection
☐ 4. Volunteer ☐ 5. Follow-up ☐ 6. Outside applicant ☐ 7. Inside applicant

c. Was plan fully implemented (including all testing and non-testing components) during this reporting period?

☐ Yes {skip to 3.a} ☐ No

2.a. Were all non-testing components of your plan (e.g., EAPs, training, etc.) fully implemented during this reporting period?

☐ Yes ☐ No

b. Are any prerequisites to testing missing? ☐ Yes ☐ No

If yes, check all that apply.

- ☐ 60-day notice ☐ 30-day notice
☐ Services of a certified laboratory ☐ Collection services
☐ Source for quality control specimens ☐ Services of a Medical Review Officer
☐ Other (please specify) _____

c. Are there restrictions or holds on one or more types of testing? ☐ Yes ☐ No
{Skip to 3a}

d. For each type of testing, indicate the status of implementation during the reporting period. Check the appropriate columns under "status of testing" for each type of testing included in your agency plan.

	Status of testing (Check appropriate column(s) or specify other reason(s))					
	Fully implemented	ENJOINED		LABOR		Other reasons not implemented (Please describe)
		Partial	Full	Partial	Full	
Reasonable suspicion						
Accident or unsafe practice						
Random selection						
Volunteer						
Follow-up						
Outside applicant						
Inside applicant						

e. If you indicated that testing under your agency's plan was on hold or restricted for an external cause ie., litigation (enjoined) or labor negotiation, briefly describe below the nature of the delay, its cause, how many employees are impacted, and the projected date for the removal of the restriction.

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3.a. Was any testing conducted during this period? _____ Yes {skip to Part III} _____ No

b. If no, what were the reasons?

_____ Reason stated in questions 2b and/or 2d above

_____ No situation arose which called for testing

_____ Other (Please describe) _____

Part III Operations Profile

1. Please provide the following information relating to the total number of:

a. Full-time equivalents (FTEs) _____ b. E.O. 12564 Sensitive positions _____ (Number of positions)

c. TDPs _____ (Number of positions)

If your agency tested this period, answer questions 2-4, if not go to question 5.

2. Percent of TDPs tested

a. Per year according to your plan _____ % b. Actual this reporting period _____ %

3. According to your plan, what is the number of times per year your agency takes random samples? _____

4. a. If your plan includes inside applicant testing, which positions are subject to that testing?

All Positions _____ All TDPs _____ Some TDPs _____

b. If your plan includes outside applicant testing, which positions are subject to that testing?

All Positions _____ All TDPs _____ Some TDPs _____

5. Enter the number of positions defined as sensitive by section 7(d) of E.O. 12564 and the number of positions designated as TDPs.

CATEGORIES of Sensitive Positions Defined by E.O. 12564	Number in Sensitive Positions	Number Selected as TDPs
1. Designated by agency head as Special Sensitive, Critical-Sensitive, or Noncritical-Sensitive (FPM Chapter 731 or in accordance with E.O. 10450)		
2. Positions with access to classified information		
3. Presidential Appointees		
4. Law enforcement officers (5 USC 8331(20)(5 USC 8401(17)))		
5. Other positions, as determined by the agency head:	XXXXXXXXXXXXXXXXXXXXXXX	
a. Law enforcement		
b. National security		
c. Protection of life and property		
d. Public health or safety		
e. Other (Please specify): _____		

The second citation is not included in E.O. 12564.

6. Indicate the types of drugs to be tested in accordance with your Agency plan.

_____ (a) Cocaine _____ (b) Marijuana _____ (c) Amphetamines _____ (d) Opiates _____ (e) PCP

Please specify others: (f) _____ (g) _____ (h) _____

7. a. During this period how many blind quality control specimens (QCs) were submitted to the laboratory?
 b. Please indicate the composition (negative and positive) of the QCs and the number of correct responses reported to the MRO.

Number of:	Negative	Positive	Total
Specimens			
Correct responses			

- c. If there were unacceptable blind QC results, would the MRO investigate and document all the results?
 ____ Always ____ Sometimes ____ Never
- d. If "always" or "sometimes," who is responsible for maintaining these documents?
 ____ Agency MRO ____ Agency Primary Liaison

Part III Operations Profile CONTINUED

8. Has your agency adopted another agency's plan (piggybacked another plan) so that the plans are administered together (this does not include riding another agency's contract or if another agency performs the services)?
 ____ No ____ Yes (please specify which Agency plan) _____

9. Specify the names of the contractors (1a) or the names of the agencies (1b,2,3) that provide the drug testing services:

	a. Collection	b. Laboratory	c. MRO	d. Blind quality control
1. Contract with (specify)	XX			
a. Private firm				
b. Public agency				
c. Riding another agency				
d. In-house				

10. a. Has your agency developed a continuing drug education program for employees? ____ Yes ____ No
- b. During this reporting period how many employees have been provided with educational material or received training on the effects or illegal drugs and/or other aspects of your Agency's drug-free workplace program?
 (1) Number of employees _____ (2) Percent of total employees _____%
- c. Indicate the topics covered in the employee drug education program (check all that apply):
 ____ Agency's substance abuse policy, procedures and program
 ____ Types and effects of drugs
 ____ Symptoms of drug use and effects on performance and conduct
 ____ Relationship of the EAP to the drug-testing program
 ____ Relevant treatment, rehabilitation, confidentiality issues
- d. Check all the forms of education that apply:
 ____ Distribution of written material ____ Audio or video programs
 ____ Group discussions and presentations ____ Special drug awareness promotions

11. a. Has your agency developed a continuing training and education program for supervisors to help them identify and address illegal drug use by employees: _____ Yes _____ No
 - b. During this reporting period how many supervisors received training on the Agency's drug-free workplace program?
(1) Number of supervisors _____ (2) Percent of total supervisors _____
 - c. Indicate the topics covered in the supervisory educational and training program (check all that apply):
☐ Agency's substance abuse policy, procedures and program
☐ Types and effects of drugs
☐ Symptoms of drug use and effects on performance and conduct
☐ How to identify employees in need of assistance
☐ Role and operation of EAP
☐ Intervention and referral to the EAP
☐ Return of employee to workplace and follow-up
 - d. Check all the forms of education and training that apply:
☐ Distribution of written material ☐ Audio or video programs ☐ Group discussions and presentations
12. Please provide the best estimate of the percent of current employees and supervisors your agency has EVER reached with its drug education/training/awareness efforts since the issuance of E.O. 12564.
 (a) Percent of employees _____ (b) Percent of supervisors _____ %
 13. Does your agency provide an orientation package and/or training for new employees and new supervisors on the effects of illegal drugs and/or other aspects of the Agency's drug-free workplace plan?
 (a) Employees: Yes _____ No _____ (b) Supervisors: Yes _____ No _____

Part IV Cost and Pricing Profile

1. Specify contract pricing for:
 Laboratory services
☐ Full-services - NO CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
☐ Full-services WITH CEILING (Combo), i.e., flat fee charged for initial and confirmation tests.
☐ Separate pricing, i.e., individual fees charged for initial and confirmation tests.
2. a. Indicate whether confirmation of all drugs which initially test positive within a single specimen is required?
 _____ Yes _____ No
- b. Are there additional charges for confirmation tests if the specimen tests positive for more than one drug?
 _____ Yes _____ No
3. On average, how many days between specimen collection and notification of testing results?
 _____ Calendar days
4. The following questions are intended to identify extraordinary locations that are unique to your agency. The term "extraordinary" is used here to denote those locations/situations where your agency must make special arrangements and/or incurs additional costs to collect a specimen.
 - a. Do any of your TDPs work at extraordinary locations?
 _____ Yes _____ No {skip to Part IV, Question 5}

Please describe "extraordinary" locations.

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Please provide the following information about TESTING at extraordinary sites:

- b. _____ Total TDPs at extraordinary locations
- c. _____ Total number of individuals tested at extraordinary sites
- d. Were additional costs associated with specimen collection at these sites? ____ Yes ____ No
If yes, what was the total cost of collection at these extraordinary sites \$ _____
- e. Describe what methods are taken to minimize additional costs at extraordinary sites.

Part IV Cost and Pricing Profile CONTINUED

5. DRUG TESTING COSTS

Please provide the following DRUG TESTING cost information or best estimates for this reporting period.

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(Use Worksheets provided as items 5k and 5l for other direct testing and administrative costs. Enter final totals in the table below.)

	Total Costs	Total Units	Average Cost Per Unit	Unit of Costs (e.g., hours, years, per test)	Additional Comments (for this item only)
TESTING COSTS	XX				
a. Specimen collection					
b. Laboratory Tests (flat fee)					
c. Initial test					
d. Confirmation test (flat fee)					
e. Negative test					
f. Positive test					
g. Quality control of samples					
h. MRO (flat fee)					
i. Review of negatives					
j. Review of positives					
k. Other direct TESTING costs*		XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
l. Administrative TESTING costs*		XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
m. Total costs (items a-l)		XXXXXXXXXXXXXXXXXXXXXXXXXXXX			

Prepare estimates on the worksheets provided as items 5k and 5l and enter final totals in the section above.

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6. *If there is any office in your agency other than that of the Program Coordinator that provides GENERAL AGENCY-WIDE Drug Education, indicate the actual education costs or best estimates by the source of that education.*

\$ _____ (a) Personnel Office \$ _____ (b) EAP

\$ _____ (c) Other (please specify): _____

Upon completion of question 6: If your agency tested this period, proceed to Part V, if not, proceed to Part VI.
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Worksheets: Other Direct Testing Costs (item 5k) and Administrative costs (item 5l)

<p>Item 5.k OTHER DIRECT TESTING COSTS</p> <p>Column (1) - Provide costs for those items directly related to the testing process and not part of the pricing of items 5a-j.</p> <p>Column (2) - If included in items 5a-j, indicate the item (a-j_ under the cost reference item ("REF") column.</p>			
(1)	(2)		
COST CATEGORIES	COSTS	ITEM REF	Comments
i. Specimen kits and other miscellaneous collection materials			
ii. Shipping costs			
iii. Bar coding of samples			
iv. Electronic transfer of test results			
v. Handling costs for rejected specimens or cancellations			
vi. Cost of adulteration testing panels			
vii. Applicant travel costs			
OTHER COSTS (Please specify below):			
ix.			
x.			
viii. TOTAL OTHER DIRECT COSTS (sum i-x): Here and item 5k			
<p>Item 5l ADMINISTRATIVE COSTS of the DRUG-FREE WORKPLACE PROGRAM</p> <p>Column (1) - Provide total of administrative costs in items i-ix</p> <p>Column (2) - Provide the percent that drug testing administrative costs are of Column (1) administrative costs.</p> <p>Column (3) - Multiply Column (1) by Column (2) and place in Column (3) for all line items (i-ix) except (vi).</p> <p>Sum line items (i-ix) for Columns (1) and (3) and place in line items "x" and "ix" respectively.</p>			
(1)	(2)	(3)	
COST CATEGORIES	Total Administrative Costs	% Drug Testing	Drug-Testing Administrative Costs
i. Staff costs (salaries and benefits)			
ii. Staff training costs			
iii. Staff travel costs			
iv. Legal costs			
v. Printing and mailing costs			
vi. Education program costs: Office of the Program Coordinator			
OTHER COSTS (Please specify below):			
vii.			
viii.			
ix.			
x. TOTAL ADMINISTRATIVE COSTS (sum i-ix)			
xi. DRUG TESTING ADMINISTRATIVE COSTS: Here and item 5l.			

PROCEED TO PART IV Question 6

Part V. Testing Results	NUMBER OF PERSONS BY THE BASIS FOR ADMINISTRATIVE TESTS								
	TOTAL	Reasonable Suspicion	Accident or Unsafe Practice	Random Selection	Volunteer	Follow-up	Applicant Testing		
							Outside Applicant	Inside Applicant	Reported as COMBINED
TOTAL TESTED									
Total refusing tests									
Total verified positive									
Verified positive for:	XX								
COCAINE									
MARIJUANA									
AMPHETAMINES									
OPIATES									
PCP									
OTHERS _____									
Part VI. FOLLOWUP ACTIONS <i>Please provide the following information about follow-up actions during the reporting period for employees whose urinalysis was VERIFIED POSITIVE, tampered with the specimens, refused testing or to cooperate, or were otherwise found to have used, possessed or sold illegal drugs. Check all that apply.</i>									

1. DISCIPLINARY AND NONDISCIPLINARY ACTIONS PROPOSED AND/OR TAKEN BY TYPE OF ACTION			
NUMBER OF EMPLOYEES:			
NON DISCIPLINARY ACTIONS	NUMBER		ADDITIONAL COMMENTS
Referred to EAP			
Required return to work follow tests			
Detailed from TDP to nonsensitive position			
Permanent Reassignment			
Retirement			
Resignation			
Other			
DISCIPLINARY ACTIONS	PROPOSED	TAKEN	ADDITIONAL COMMENTS
Written Reprimand			
Suspension less than 15 days			
Suspension 15 days or more			
Indefinite suspension			
Demotion			
Removal/separation			
Enforced leave			

2. REASONS FOR DISCIPLINARY ACTIONS BY TYPE OF DISCIPLINARY ACTION			
REASONS	SEPARATION	OTHER ACTIONS	ADDITIONAL COMMENTS
Possession of drug/selling at work			
Conviction for a drug offense			
Direct observation of drug use			
Refusing urinalysis			
Specimen tampering			
Tested positive for drug use: first finding			
Tested positive for drug use: second finding			
Refusal to cooperate			
Failure to successfully complete EAP			
Recommended counseling/treatment			
Other reasons			